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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **FEE TRANSMITTAL** for FY 2005 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1050.00

Complete if Known			
Application Number	10/572,695		
Filing Date	3/21/06		
First Named Inventor	David Lowell Mcneely		
Examiner Name	Qutub Ghulamali		
Art Unit	2611		
Attorney Docket No.	PU030265		

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METHOD OF PAYMENT	•			——————————————————————————————————————			
☐ Check ☐ Cr Customer Number 2		☐ Money Ord	der	None	Other (plea	ase identify):	
Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING LLC							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
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information and author			nc. Great card	mornation should no	t be included on	uns ionn. i iovi	de credit caro
FEE CALCULATION							
1. BASIC FILING, SE							1 🗧
	FILING	FEES Small Entity	SEA	RCH FEES Small Entity	EXAMINA	XAMINATION FEES Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM F	EES					Small I	Entity
Fee Description					<u>Fe</u>	e (\$)	Fee (\$)
Each claim over 20 (incl	uding Reissue	s)			50		25
Each independent claim	over 3 (includ	ing Reissues)			200)	100
Multiple dependent clain	ns				360		180
Total Claims	_	xtra Claims	<u>Fee (\$)</u>	Fee Paid (\$)		itiple Depend	
	or HP =	X	- 20	=	Fe	<u>e (\$)</u>	Fee Paid (\$)
HP = highest number of	totai ciaims pa	aid for, if greater tha	in 20.				
Independent Claims	<u> </u>	xtra Claims	Fee (\$)	Fee Paid (\$)			
	or HP =	×		=			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZ	ZE FEE						
If the specification an	d drawings	exceed 100 sheet	s of paper (ex	cluding electronically	filed sequence	or computer	
listings under 37 CFF sheets or fraction the				50 (\$125 for small en R 1.16(s).	tity) for each ad	Iditional 50	
Total Sheets	Extra S	heets <u>Nu</u>	mber of each	additional 50 or fra	ction thereof	Fee (\$)	Fee Paid (\$)
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4. OTHER FEE(S)	· ·						Fees Paid (\$)
Three-Month Extensi	on						\$1050.00
Other (e.g., late filing	surcharge):						

SUBMITTED BY	<u> </u>			
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Signature	Vino 9/11		Date	4/03/08